

- STATE OF DELAWARE
DEPARTMENT OF INSURANCE

ADMITTANCE QUESTIONNAIRE FOR CERTIFICATE
OF AUTHORITY OF HEALTH MAINTENANCE ORGANIZATION

The following data is being submitted to the Delaware Department of Insurance:

1. Company Name: _____

Home Office: _____

Contact Person: _____

Telephone No.: _____

Counsel: _____

Telephone No.: _____

2. Proposed location of principal place of business within State:

Address at which all books, accounts and documents relating to business in this State will be kept:

If applicant is a foreign proprietorship, partnership, or corporation, address of principal place of business:

3. Applicant is: () Individual Proprietor
 () Partnership
 () Corporation
 () Other (Specify)

4. If applicant is a corporation (Attached Certificate of Incorporation:

(a) State of Incorporation _____

(b) Date of Incorporation _____

(c) If a foreign corporation, name and address of Agent for Service of Process in Delaware:

5. If applicant has engaged previously in the same or a similar business; provide details, including name(s), address(es), and date(s) first commenced:

6. State whether applicant is, directly or indirectly, under common ownership, control, or management or is otherwise affiliated or associated with any insurer, or any person, firm or corporation having or exercising control of an insurer.

() Yes, supply complete details () No

7. If applicant is a partnership:

(a) State whether general partnership or limited partnership:

(b) Give names and addresses of all partners specifically identifying limited partners, if any:

8. If applicant is a corporation, trust or other entity, other than a partnership, of which ownership is manifested by shares, identify each type of shares and state:

(a) Number of shares authorized: _____

(b) Number of shares outstanding: _____

(c) Par Value: _____

(d) Give name, residence address, title and number and percent of shares directly or beneficially owned by every officers and director and every person, firm or corporation owning or controlling 10% or more of the shares of each type:

Name and Residence Address	Title	Number of Shares (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Attach current, certified financial statement, which is as of the following date:

10. If applicant, or any subsidiary, affiliated, or associated health maintenance organization, has more than one place of business, give the name and address of each:

11. If the appropriate is "yes" to any of the following questions concerning the applicant, manager, any officer, director, owner or beneficial owner of 10% or more of the shares, complete details must be given, including name, address, disposition of charges, etc.

Have any of the above:

- (a) Applied previously in this State for a license to engage in the business of a health maintenance organization? ☐ Yes ☐ No
- (b) Received a rejection, revocation or suspension of license under laws of this State governing a health maintenance organization? ☐ Yes ☐ No
- (c) Received a rejection, revocation or suspension under a health maintenance organization law or regulation, or similar law or regulation in any other State? ☐ Yes ☐ No
- (d) Received a revocation or suspension of any licensee, been convicted or entered a plea of guilty or nolo contendere, which with respect to any law or regulation relating to the business of insurance? ☐ Yes ☐ No
- (e) Been arrested, indicted, convicted, entered a plea of guilty or nolo contendere with respect to a State or Federal offense in this or any other State? ☐ Yes ☐ No
- (f) Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship, or conservatorship? ☐ Yes ☐ No
- (g) Do any of the above now hold a license to engage in the business of a health maintenance organization or a similar or related business in any State, District or Territory of the United States? ☐ Yes ☐ No

AFFIDAVIT

County _____

State _____

I, _____, the undersigned being the _____
(Title, if a corporation)

of the _____ swear, (or affirm), that
(Name of Health Maintenance Organization)

to the best of my knowledge and belief, the statements contained in this application,
including the accompanying statements (if any), are true and complete.

By: _____

Title: _____

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

Form No. H-2